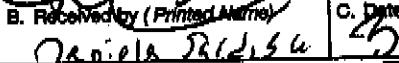
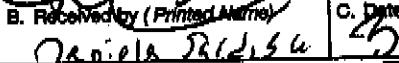
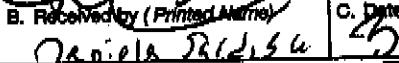


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MICHAEL W. DOBBINS
 CLERK, U.S. DISTRICT COURT.

SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 											
COMPLETE THIS SECTION ON DELIVERY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> A. Signature  </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td style="padding: 2px;"> B. Received by (Printed Name)  </td> <td style="padding: 2px;"> C. Date of Delivery  </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </td> </tr> </table>		A. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name) 	C. Date of Delivery 	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
A. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee										
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4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes											
2. Article Addressed to: Daniela M Sardisco 306 Charmille Lane P.O. Box 87 Wood Dale, Ill. 60191	7. Article Number <small>(Transfer from service label)</small> 2006 0100 0001 7313 0742										
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540											

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